

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/1594287 FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	2					
4	0					
5	0					
6	0					
7	0					
8	0					
9	0					
10	0					
11	0					
12	0					
13	0					
14	0					
15	0					
16	0					
17	0					
18	0					
19	0					
20	0					
21	0					
22	0					
23			2			
24			1			
25			1			
26			1			
27			1			
28			1			
29			1			
30			1			
31			1			
32			1			
33			1			
34			1			
35			1			
36			1			
37			1			
38			1			
39			1			
40			1			
41			1			
42			1			
43						
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46						
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48						
49						
50						
TOTAL IND.	/	↓	3	↓		↓
TOTAL DEP.	22	←	21	←		←
TOTAL CLAIMS	23		24			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
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98						
99						
100						
TOTAL IND.				↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						